MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10 564091

FILING DATE 1-11-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3		2						53						
4		2						54						
5		2						55						
6		2						56						
7		2						57						
8		2						58						
9		1						59						
10								60						
11		1						61						
12		2						62						
13		2						63						
14		2						64						
15		2						65						
16		2						66						
17								67						
18								68						
19								69						
20								70						
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39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.			2					TOTAL IND.						
TOTAL DEP.			14					TOTAL DEP.						
TOTAL CLAIMS			16					TOTAL CLAIMS						